



# ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

## Livestock Facility Inspection Checklist

GENERAL INFORMATION									
TYPE OF INSPECTION: <input type="checkbox"/> CAFO <input type="checkbox"/> COMPLAINT <input checked="" type="checkbox"/> RECONNAISSANCE <input type="checkbox"/> ERU FOLLOW UP <input type="checkbox"/> OPERATOR REQUEST <input type="checkbox"/> OTHER									
FACILITY NAME (LLC, Inc., Corp, Partnership, sole proprietorship, etc.) <b>John and Robin Leuenberger</b>						INSPECTION DATE <b>7-10-12</b>		ARRIVAL TIME <b>11:45 AM</b>	
ADDRESS <b>14027 N. Swiss Road</b>						INSPECTOR(s) <b>Lee Heeren</b>		DEPARTURE TIME <b>1:30 PM</b>	
CITY <b>Winslow</b>				STATE <b>IL</b>		ZIP CODE <b>61089</b>		ACCOMPANIED BY (if applicable)	
COUNTY <b>Stephenson</b>		SECTION <b>21</b>	TOWNSHIP <b>29N</b>	RANGE <b>6E</b>	POLITICAL TOWNSHIP <b>Winslow</b>		TEMPERATURE <b>85 deg. F</b>		PRECIPITATION TYPE <b>None</b>
Facility Owner(s): <small>Exemption 6 and Exemption 7(C)</small>		NAME <b>John Leuenberger</b>				CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHONE	
		ADDRESS				CITY		STATE	
		NAME				CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE	
		ADDRESS				CITY		STATE	
Facility Operator(s): <small>Exemption 6 and Exemption 7(C)</small>		NAME				CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE	
		ADDRESS				CITY		STATE	
		NAME				CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE	
		ADDRESS				CITY		STATE	
NPDES PERMIT INFORMATION (If no NPDES Permit, skip this section)									
1. What type of NPDES permit has been issued? <input type="checkbox"/> Individual NPDES Permit <input type="checkbox"/> General NPDES Permit								NPDES #	
2. What date was the NPDES permit issued?									
3. What date does the NPDES permit expire?									
4. Is a copy of the NPDES permit onsite?								<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Permitted number of animals (no. & specie)?									
6. Does the NPDES Permit contain a compliance schedule?								<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Have there been any changes made to the production area since the permit was issued?								<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", provide a detailed description of those changes. <b>None</b>									

<b>LAND APPLICATION/NUTRIENT MANAGEMENT</b>		
1. How many TOTAL acres are available for land application? <u>350</u> acres		
2. How many acres are READILY available for land application at the time of inspection? <u>50</u> acres		
3. Estimated annual quantities of liquid waste _____ gallons		
4. Estimated annual quantities of solid waste _____ tons		
5. Does the facility have a contractor perform land application? If "YES", Name of Contractor: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
6. What type of land application equipment is available to the facility? <input type="checkbox"/> Umbilical Injection <input type="checkbox"/> Honeywagon Injection <input type="checkbox"/> Honeywagon Surface <input type="checkbox"/> Irrigation <input type="checkbox"/> Rotational Gun <input checked="" type="checkbox"/> Manure Spreader <input type="checkbox"/> Vegetative Filter <input type="checkbox"/> Other _____		
7. Does the facility calibrate the land application equipment? If "YES", What method is used?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
8. Does the facility land apply within the 150 foot setback from any water well? If "YES", Explain	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
9. Does the facility land apply within the 200 foot setback from any surface water? If "YES", Explain	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10. Does the facility land apply near any residences? If "YES", Explain	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
11. Is livestock waste transferred off-site to another party? If "YES", Are records of manure transfers kept? If "YES", Ask to see records	<input checked="" type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input checked="" type="checkbox"/> NO
12. Does the facility have a current NMP or CNMP? If "YES", Does the facility maintain a copy of the nutrient management plan (NMP) onsite?	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> NO
13. Does the NMP reflect the current operational characteristics (number of animals, cropping, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Are the number of acres owned/leased consistent with those in the NMP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Is manure and wastewater being applied in accordance with setback/buffer requirements of the NMP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Are all of the records identified in the NMP being maintained and kept current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Are records being maintained at the required frequency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Are records being maintained onsite for the period required by NMP and/or NPDES permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Is the NMP adequately addressing the storage, handling and application of manure and wastewater to prevent discharges to waters of the U.S.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

LIVESTOCK FACILITY DESCRIPTION				
Type of Animals	Number of Animals (currently)	Animal Capacity	Type of Confinement	Number of Structures
DAIRY MILKING			OPEN CONFINEMENT BUILDING	1
DAIRY DRY			OPEN CONCRETE FEEDLOT	1
CALVES			OPEN CONCRETE FEEDLOT and	3
			OPEN EARTHEN FEEDLOT	
Does the facility have an Illinois Certified Livestock Manager (300 or greater animal units)?			<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If greater than 1000 animal units but less than 5000 animal units, does the facility have a waste management plan?			<input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
If greater than 5000 animal units, has the facility submitted a waste management plan to IDOA for review?			<input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the facility have any other locations under common ownership, or where equipment and/or manure is shared, or where the other site shares land application sites? If so, put names and addresses below. <b>None</b>			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
LIVESTOCK WASTE STORAGE				
1. Does the facility have any existing livestock waste containment system? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If NO, then proceed to question 10.				
2. General description of the waste containment system (include solid and liquid manure handling, mortality, and feed storage areas). <b>40 ft x 40 ft x 4 ft concrete block structure that stores liquid manure wastewater.</b>				

Type of Storage	Total Storage Capacity (Specify Units)
<input type="checkbox"/> Anaerobic Lagoon	
<input type="checkbox"/> Covered Lagoon	
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Above Ground Storage Tank ("Slurrystore")	
<input type="checkbox"/> Below Ground Storage Tank	
<input type="checkbox"/> Settling Basin	
<input type="checkbox"/> Roofed Storage Shed	
<input type="checkbox"/> Concrete Pad	
<input type="checkbox"/> Impervious Soil Pad	
<input type="checkbox"/> Underfloor Pits	
<input type="checkbox"/> Anaerobic Digester	
<input type="checkbox"/> Manure Stacks	
<input type="checkbox"/> Vegetative Filter	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> None	

3. Do the storage structures have depth markers or staff gauges? ☐ YES ☒ NO

4. Are levels of manure in the storage structures recorded and records kept? ☐ YES ☒ NO

5. Do the storage structures have adequate freeboard? ☐ YES ☒ NO

6. Estimated final stage storage structure freeboard \_\_\_\_\_ in. of total depth \_\_\_\_\_ in.

7. Do facility personnel perform routine visual inspections of the storage structures? ☒ YES ☐ NO

8. Are the routine visual inspections documented? ☐ YES ☒ NO

9. Does the system have an outfall or discharge point? ☒ YES ☐ NO

If "YES", please provide a description (overflow pipe, spill way, etc. Include a description the area receiving the discharge).  
**None**

10. Are there any portions of the production area where runoff is not controlled? ☐ YES ☐ NO

If "YES", provide a detailed description of the area(s) of concern:  
**None**

**MORTALITIES MANAGEMENT**

1. How are mortalities managed? (Composted, buried, burned, rendering service, other)  
**Composted**

2. Are mortalities documented and are records kept? ☐ YES ☒ NO

**FACILITY WATER SOURCES**

1. What type of method is used to provide drinking water for the animals?  
☒ Overflow waters    ☐ Tip Tanks    ☐ Nipple waters    ☐ Water Bowls    ☐ Other \_\_\_\_\_
2. How is the water for animals obtained?  
☐ Community PWS    ☒ On-Site Well    ☐ On-Site Impoundment    ☐ Other \_\_\_\_\_
3. Is a mist cooling system used? ☒ YES    ☐ NO  
How is mist water contained?  
**freestall barn**

**DAIRY OPERATION (If No Dairy, skip this section)**

1. How many times per day are cows milked? 2
2. Describe how the dairy's non-contact cooling water is contained (Example: it is reused for drinking water for the animals).  
**plate-cooler**
3. Describe how the milking parlor is cleaned (hose or flush) and where the process wastewater goes and how it is contained.  
**3 weeks containment**
4. Describe how the tank(s) are washed and where the process wastewater goes and how it is contained.  
**None**
5. Describe where process wastewater from the plate cooler goes and how it is contained.  
**None**

**BEDDING (If No Bedding, skip this section)**

1. Describe what type of bedding is used for the animals.  
**Sand-freestalls**  
**cornstalks, wheat straw for bedding pack**
2. Describe how bedding is collected and how often.  
**bedpack is cleaned every 2-3 weeks**
3. What is done with the used bedding?    ☐ Reused    ☒ Land Applied

**MANURE COLLECTION**

1. How is manure collected?

- ☐ Under Floor Pit  
☒ Scraped: ☐ Automatic ☒ Manual  
☐ Flush  
☐ Solids Separator  
☐ Other: \_\_\_\_\_  
☐ None

2. If manure collection system uses either clean or reused water to flush, describe where this water goes and how it is contained.

**None****FEED STORAGE CONTAINMENT**

1. Describe how feed (silage, hay, etc) is contained.

- ☐ Bulk Bins  
☐ Silage Pit  
☒ Ag Bags  
☒ Hay: ☒ Barn ☐ Outdoor  
☒ Other: **tower silos for HMC**

2. Describe how feed (silage, hay, etc) runoff is contained.

- ☐ Not Applicable – Feed totally enclosed  
☐ Other: \_\_\_\_\_  
☐ None

**RECEIVING SURFACE WATERS**

1. Provide a description of the flow path from the facility to the nearest named surface water.

**Indian Creek is 100-150 ft north**

2. What is the name of the receiving stream?

**Indian Creek**3. Status of the named surface water: ☐ Intermittent ☒ Perennial4. Are any unnatural bottom deposits observed in the receiving stream: ☐ YES ☐ NOIf "YES", provide a description of the deposits: **None**

**DISCHARGES**

1. Have there been any documented discharges of livestock waste to surface water <b><i>in the past year?</i></b> If "NO" proceed to question 2.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
a. If "YES", specify the date(s). _____		
b. What was the reason for the discharge?		
c. Was the discharge the result of a 25 year-24 hour rainfall event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. What was the precipitation amount? <i>(if applicable)</i>		
e. Was IEMA notified of the discharge?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Has the facility taken corrective action to remedy the situation which caused the discharge(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", describe actions taken: <b>None</b>		
2. Is the facility currently discharging livestock waste from the production area? If "NO" proceed to next section.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
a. Was the discharge the result of a 25 year-24 hour rainfall event?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. What was the precipitation amount? <i>(if applicable)</i>		
c. What is the reason for the discharge? <b>The concrete settling area overflows into a subsurface drainage tile that discharges into a grass waterway.</b>		
d. Were water quality samples taken?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
e. If "YES", how many? _____		
f. What parameter(s) tested? <input type="checkbox"/> pH <input type="checkbox"/> Ammonia <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Phosphorus <input type="checkbox"/> BOD <sub>5</sub> <input type="checkbox"/> Total Susp Solids <input type="checkbox"/> Fecal <input type="checkbox"/> Diss O <sub>2</sub> <input type="checkbox"/> Other _____		

**BIOSECURITY – Inspection Activities**

1. Were biosecurity measures discussed with the facility prior to inspection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has there been 24-hours downtime between inspections for all IEPA personnel present?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3. Was the order of inspection conducted from high risk to low risk?	<input type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Did all personnel stay outside livestock management and livestock waste handling facilities as defined in 35 IAC 501.285 and 35 IAC 501.300? If "YES" skip to question 7.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

**BIOSECURITY – Personal Protection Equipment**

5. Was sanitary footwear donned prior to entering the livestock management/waste handling facility(s)?	<input checked="" type="checkbox"/> N/A Did not Enter	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Were disposable coveralls donned prior to entering the livestock management/waste handling facility(s)?	<input checked="" type="checkbox"/> N/A Did not Enter	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Was sanitary footwear used during the inspection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
8. Was disposable sanitary outerwear disposed at the facility?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	

**BIOSECURITY – Vehicle**

9. Was the vehicle parking location discussed with the facility prior to inspection?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10. Was the vehicle washed since the inspection prior to current? If "YES" skip to question 12.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
11. Was the vehicle parked >300-feet from the livestock management/waste handling facility? Explain where vehicle was parked:	<input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Was IEPA vehicle used on site?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
13. Was facility vehicle used on site?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

**BIOSECURITY – Inspection Equipment**

14. Was all equipment wiped down with anti-bacterial wipes?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
15. Was sample cooler kept inside vehicle during inspection? If "YES" skip question 16.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
16. Was sample cooler wiped down with antibacterial wipes before placing back into vehicle?	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO

**OTHER COMMENTS/NOTES**

**See narrative inspection report and accompanying photos.**

Check all attachments: ☒ Narrative ☒ Photos ☐ Site Plan ☐ Sample Results

**INSPECTOR'S SIGNATURE****REPORT DATE**

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**7-10-12**